

**WISCONSIN MEDICAID  
PERSONAL CARE PRIOR AUTHORIZATION PROVIDER ACKNOWLEDGEMENT**

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

The Personal Care Prior Authorization Provider Acknowledgement, HCF 11134, states that the *supervising registered nurse (RN)* will perform *each* of the following tasks *before* personal care services are provided for the claims submitted to Wisconsin Medicaid:

- Obtain physician's signed and dated orders.
- Conduct an assessment at the recipient's place of residence.
- Develop the plan of care (POC).

The use of this form is mandatory when requesting prior authorization (PA). Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

Providers are required to submit the Personal Care Prior Authorization Provider Acknowledgement and other documents as appropriate as directed by Wisconsin Medicaid personal care policy to Wisconsin Medicaid when requesting PA for personal care services. Providers may submit PA documents by fax to Wisconsin Medicaid at (608) 221-8616 or by mail to the following address:

Wisconsin Medicaid  
Prior Authorization  
Ste 88  
6406 Bridge Rd  
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

**Instructions:** Type or print clearly.

Name — Wisconsin Medicaid-Certified Personal Care Services Provider		Wisconsin Medicaid Provider Number
Name — Recipient		
Recipient Medicaid Identification Number		PA Number
As the authorized representative of the billing provider, I will assure that the supervising RN completes the following tasks before personal care services are provided for the claims submitted to Wisconsin Medicaid: the physician's signed and dated orders for this recipient will be obtained, an assessment at the recipient's place of residence will be conducted, and a POC will be completed for this recipient.		
SIGNATURE — Authorized Representative of the Billing Provider		Date Signed — Authorized Representative of the Billing Provider